

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9095	2 Fiscal Year Covered From 1 / 1 / 2004 Through 1 / 1 / 2005
3 Name and address of person filing Name Herm K PETERSON P O Box Bldg Room No if any Street 4000 W STATE STREET City MINNEAPOLIS State MINNESOTA ZIP Code + 4 55408	4 Name file number and address of labor organization IAT (NATIONAL) BROTHERHOOD OF BOILERMAKERS Name Labor Organization File Number 3699 504855 P O Box Building and Room Number if any Street 731 STATE AVE SW City MINNEAPOLIS State MINNESOTA ZIP Code + 4 55401
5 Position in labor organization SENIOR BURGESS	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transaction (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any) Name EMERSON TOOL CO Trade Name if any P O Box Bldg Room No if any Street 1821 BROAD City MINNEAPOLIS State MINNESOTA ZIP Code + 4 55408	7 a Nature of Interest Transaction or Income LOAN 7 b Amount 0
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Signature

[Signature]

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalty in the instructions)

Signed

[Signature]

On

7-20-05

Date

906-869-1367

Telephone Number

Name of Person Filing

KEITH K. PETERSON

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9 Business deals with

☐

a Labor Organization

☐

b Trust

☐

c Employer

10 If 9 b or 9 c is checked, give trust or employer's name

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and E above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer

☐

or Consultant

☐

?

14 b Amount of payment